

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10805561 03/22/04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		0				
5	1					
6		1				
7		1				
8		1				
9		4				
10	1					
11	1					
12	1					
13		1				
14	1					
15	1					
16	1					
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48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	12					
TOTAL CLAIMS	21					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								